

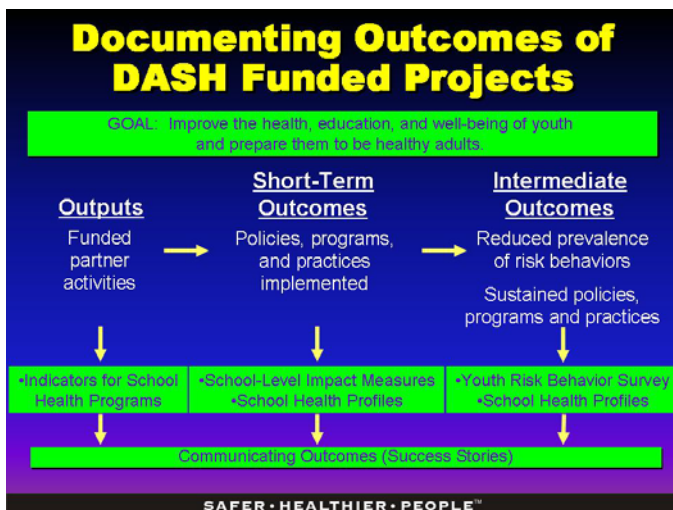
SLIMs Frequently Asked Questions

1. What are SLIMs?

SLIM is the acronym for School Level Impact Measure. SLIMs are measures of the percentage of secondary schools in a jurisdiction that are implementing policies and practices recommended by CDC to address critical health problems faced by children and adolescents.

2. Why does DASH recommend the use of SLIMs?

SLIMs allow you and DASH to assess whether the activities implemented at the state/school district level are making an impact at the school level, and thereby document the impact of CDC funding. As the following segment of a logic model illustrates, SLIMs data provide us with evidence of the extent to which DASH-funded programs are attaining critical short-term outcomes.



3. Why is it important to be able to document short-term outcomes?

It may take years for programs, policies, and practices to lead to changes in intermediate outcomes, such as reductions in risk behaviors and increases in protective behaviors among youth. Short-term outcomes, such as changes in school policies and practices, are crucial to illustrating that you are on the path to achieving your desired intermediate and long-term outcomes. You will be able to use your SLIMs to illustrate to partners and stakeholders (e.g., school officials, parents, media, and elected officials) the progress you are making to improve the health and well-being of youth. In

addition, your program is likely to have greater influence on short-term outcomes, such as school policies and practices, than on intermediate outcomes, such as youth risk behaviors, because those behaviors are also influenced by factors outside of the control of schools.

4. How will SLIMs help our project?

You can use SLIMs to plan and allocate resources; guide professional development; advocate for policy, program, and resource development or revision; and describe the status of school health programs in your jurisdiction. The information also can be used to work with schools, parents, community leaders, and other stakeholders to advocate for healthier and safer environments for youth. SLIMs will help you to focus your programmatic activities and your communications about programmatic accomplishments to stakeholders and the public.

5. How many SLIMs will we be asked to select?

The number of SLIMs you will be asked to select is dependent upon the number of priority areas for which you are receiving funding. Select the appropriate number of SLIMs:

- Priority 2: HIV – At least 3.
- Priority 3: CSHP – At least 3.
- Priority 3: PANT – At least 1 Physical Education and Activity, 1 Nutrition, AND 1 Tobacco-Use Prevention.
- Priority 4: Asthma – At least 3.

6. How will we measure SLIMs?

CDC's *School Health Profiles* is the preferred data source to use to measure SLIMs. The *Profiles* questionnaires were revised for 2008 specifically to assist you in measuring progress on SLIMs at the secondary school level.

7. What are CDC's School Health Profiles?

Profiles is a survey of school health policies and practices conducted every two years by state and local education and health agencies among a representative sample or census of middle and high schools. *Profiles* helps state and district education and health agencies monitor the current status of school health education; physical education; school

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health policies related to HIV infection/AIDS, tobacco-use prevention, nutrition, and asthma management; and family and community involvement in school health programs.

8. We don't do *Profiles*. How will we measure SLIMs?

If your agency does not currently implement *Profiles*, you should work with your project officer in collaboration with DASH's Surveillance and Evaluation Research Branch (SERB) staff to:

- Discuss the benefits of using *Profiles*,
- Explore issues and questions related to *Profiles*, and
- Learn from other funded partners who implement *Profiles*.

If, after this exploration, you decide not to implement *Profiles*, you will need to identify, in collaboration with DASH staff, another appropriate method to measure the SLIMs you have selected. SERB and other DASH staff are available to review the alternative methods of measuring SLIMs to ensure that the SLIMs selected will be accurately measured by the alternative method.

9. How will we determine target percentages for SLIMs?

You can use weighted data from CDC's 2008 *Profiles* to establish baseline data for your selected SLIMs. If your program did not participate in *Profiles* or get weighted *Profiles* data in 2008, you should work with your project officer to determine an alternate source of baseline data. After your baseline data are analyzed, you should work with your project officer to set target percentages for your selected SLIMs, i.e., the percentage of schools in your jurisdiction that you expect to be implementing the policies and practices measured by each selected SLIM by 2012. Targeted increases need to be substantial enough to be meaningful to stakeholders and the public, but you also need to be realistic about what can be achieved over the course of your current cooperative agreement with CDC/DASH.

10. How much progress do you expect us to make on the SLIMs we select?

The more progress you make, the greater the likelihood of positively impacting the lives of youth. Each agency's progress will vary. We expect you to work with your project officer to establish target percentages that are realistic and meaningful. A reasonable amount of progress is expected based on the objectives and activities you have chosen to address in your workplan.

11. How long will we be monitoring the selected SLIMs?

You will be monitoring SLIMs during the entire five-year funding cycle. During year one you will collect baseline data for SLIMs and use the data to help you select the SLIMs that your program will target for improvement. Data should be collected on the selected SLIMs every two years after that.

12. What if we want to change the SLIMs we have selected?

Rather than changing SLIMs, you should consider changing your objectives and/or activities to help your program achieve your target percentages for the selected SLIMs. We want you to succeed, which is why it is important that you, in collaboration with your project officer, select SLIMs and target percentages that are realistic and feasible, support program goals, and align with strategies. If new opportunities arise, it is important to consider whether these new opportunities will move you closer to meeting your goals or divert resources from your selected priorities. If you feel there are truly extraordinary circumstances that require you to change your SLIMs, please consult with your project officer.

13. How are SLIMs related to our strategic plan?

Your SLIMs and your strategic plan should be complementary. SLIMs reflect the priority improvements you want to see in school health programs and policies as a result of your program activities. Your strategic plan outlines how you expect to make progress toward achieving success.

14. How will DASH use SLIMs information to evaluate our performance?

Your timeliness in selecting and monitoring SLIMs will be considered in evaluating your program's

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performance. DASH is particularly interested in highlighting programs that achieve the targeted increases in the percentages of schools implementing the policies and practices measured by their selected SLIMs.

SLIMs are one of a number of measures that will be used to evaluate your performance. Others include: timely responses to weaknesses and recommendations noted in the annual technical review; information gathered from site visits and monthly conference calls; meeting deadlines for and satisfactory completion of the Program Inventory, Strategic Plan, workplan, and Logic Model; mid-year and annual progress reports; success stories; timely submission of continuation applications; and implementing school-based programs and prevention strategies to reduce health disparities among youth disproportionately affected.

15. How will our funding be impacted if we don't achieve the target percentages we set for our selected SLIMs?

Funding decisions are determined by overall program performance. These decisions are not made exclusively on achieving SLIMs targets. SLIMs will be used to evaluate your performance in increasing the percentage of schools in your jurisdiction that are implementing specific, effective policies and practices.

Your overall program performance will be assessed annually based on your continuation application, which is considered when funding decisions are made. The performance measures by which funding decisions are made are listed by priority area in the Funding Opportunity Announcement (FOA) for DP08-801, "Improving Health and Educational Outcomes of Young People."

16. Where will we find *Profiles* data that match the SLIMs we have selected?

Your site's *Profiles* report will include tables that list the percentages of schools in your jurisdiction that are implementing each of the SLIMs.

17. SLIMs don't capture all that my program is doing. Isn't that a problem?

No. SLIMs reflect some of the priorities that you have chosen for your program and indicate progress made on those priorities over time. DASH does not anticipate that everything your program is working on and accomplishing will be captured through SLIMs.

18. Should we only collect and care about *Profiles* data that are directly related to our selected SLIMs?

No. All of the data collected in *Profiles* provide valuable information for a state or district school health program. While you will probably use the data related to your selected SLIMs more frequently, you will very likely find the rest of the *Profiles* data tremendously useful as well.

19. My program is targeting a specific sub-population to effectively address health disparities. How do I document program effectiveness in improving health policies and practices in the schools that serve our target group?

To the extent that the targeted subpopulation is widely dispersed across different secondary schools, SLIMs will be able to assess changes in school policies and practices that impact the target group. If they are concentrated in schools that you can identify, then SERB can help you collect *Profiles* data from these schools (in addition to your survey of schools across your jurisdiction). Please consult with SERB staff if you are interested in pursuing this option. If you cannot measure changes in the percentages of schools that specifically serve your targeted sub-population, you may have other ways to document program effectiveness (see Question 14).

20. How do sites measure SLIMs for specific geographic sub-regions targeted (e.g., a port area or three different zip code areas)?

Sites will not be required to measure sub-regions. SLIMs are intended to measure the impact of your program's activities across your entire jurisdiction because (1) many of your activities will be focused on system-wide changes, and (2) if you target sub-regions, they might be large enough to generate substantial changes in results across the entire

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jurisdiction. If you have a list of the schools in the targeted sub-regions, SERB staff can help you collect *Profiles* data from these schools (in addition to your survey of schools across your jurisdiction). Please consult with SERB staff if you are interested in pursuing this option. If you cannot measure changes in the percentages of schools in targeted sub-regions, you may have other ways to document program effectiveness (see Question 14).

21. Should we focus all of our programmatic activities on secondary schools because *Profiles* is conducted only among secondary schools?

No, it is perfectly acceptable to implement activities targeting elementary schools as well as secondary schools. Every activity implemented through your workplan does not need to be aligned with a SLIM.

22. If elementary schools are an important focus of our workplan, may we conduct *Profiles* among elementary schools so that we can measure our success in increasing the percentage of elementary schools that are implementing effective school health policies and practices related to our priority area?

If you are interested in conducting *Profiles* for the elementary schools in your jurisdiction in addition to the regular secondary school survey, please consider the costs and resources involved in doing this and then consult with your project officer and SERB staff. If you cannot measure changes in the percentages of elementary schools implementing your targeted SLIMs, you may have other ways to document program effectiveness (see Question 14).

23. If I pick three SLIMs in my Priority Area, can I still do other planned activities that will not help meet those SLIMs?

Yes. SLIMs are only one of a number of measures used to evaluate program performance. SLIMs are designed to help you assess progress made on particular areas when you place emphasis on improvements in those areas. Other performance measures, such as *Indicators for School Health*, six-month progress reports, and annual reports, can be used to document your progress in areas not related to your SLIMs.

24. We are fine with the SLIMs but think DASH has left out some critical measures that are going to be among our key priorities for improvements in school health policies and practices in our jurisdiction. May we propose our own SLIM for which we would establish SMART objectives?

You may choose to propose additional school-level impact measures similar to the SLIMs developed by DASH, and those measures may be helpful in guiding and improving your program. However, DASH will not consider these as SLIMs that meet DP08-801 program monitoring requirements. Please discuss any individualized measures that you plan to propose with your project officer before including them in your workplan.

DASH welcomes your feedback on SLIMs, including additional SLIMs that you would propose for consideration for a future funding opportunity announcement. Your feedback will be used in our work to improve the SLIMs process in future cycles.

25. We plan to do *Profiles* in 2010 but were unable to do it in 2008. How do I select SLIMs and related SMART objectives in 2008?

Use the data that you have available to do your best in selecting SLIMs. Your project officer and SERB staff can be helpful in assisting you with determining alternatives that might work for your jurisdiction. Note that you may need to adjust your SLIMs or other plans according to your 2010 *Profiles* results.

26. If I fail to get weighted data in *Profiles* 2008, may I use the unweighted data to select SLIMs and establish SMART objectives for improvements?

DASH encourages you to work to get weighted data on *Profiles* to ensure that you can make the best possible decisions on SLIMs. If your *Profiles* results cannot be weighted, please work with your project officer and SERB staff to identify data sources that are best for your jurisdiction.

27. Is DASH willing to accept feedback on SLIMs?

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DASH welcomes your feedback on SLIMs, the selection process, and measuring SLIMs progress. Please share your comments with your DASH project officer.

28. What if I have additional questions related to SLIMs that are not addressed here?

Please work with your project officer to have your additional SLIMs questions answered.